

# Behavior Analysis

## Quick Reference Guide



<b>CCP CUSTOMER SERVICE</b>	1.866.899.4828
<b>TNFL PROVIDER RELATIONS</b>	1.866.899.4828
<b>TNFL WEBSITE AND PROVIDER MANUAL</b>	<a href="https://therapynetwork.com/ba">https://therapynetwork.com/ba</a>
<b>TNFL WEB PORTAL ACCESS</b>	<a href="https://asp.healthsystemone.com/pwprequestform/?id=mytnfl">https://asp.healthsystemone.com/pwprequestform/?id=mytnfl</a>
<b>MEMBER ELIGIBILITY VERIFICATION</b>	Providers are responsible for verifying member eligibility prior to rendering services. You may contact TNFL via their Web Portal at <a href="http://www.availity.com">www.availity.com</a>
<b>PRE-AUTHORIZATIONS</b>	All BA services require Prior Authorization. You may submit your request via the Provider Web Portal (PWP) or via fax at 1.855.470-4490. For any other UM questions, please contact the UM Department at 1.800.550.8800 Option 2. For specifics on what documents to submit, refer to the TNFL Website and Provider manual.
<b>CLAIMS SUBMISSION</b>	<p>Providers have 3 ways to submit claims to TNFL:</p> <ol style="list-style-type: none"> <li>1. EDI - Payer ID is 65062 for professional claims and 12k89 for institutional claims.</li> <li>2. Direct Data Entry (DDE) <a href="https://asp.healthsystemone.com/hs1providers">https://asp.healthsystemone.com/hs1providers</a></li> <li>3. Paper claim on an original CMS 1500 form for professionally billed claims or a UB04 claim form for institutionally billed claims.</li> </ol> <p><b>Therapy Network of Florida Claims Processing Center P.O. Box 350590 Ft. Lauderdale, FL 33335-0590</b></p>
<b>CONTESTED CLAIMS DECISIONS</b>	<p>A provider may contest a claim decision by submitting the following documentation to claims P.O. Box:</p> <ol style="list-style-type: none"> <li>1. Brief cover letter describing the reason for the request along with supporting documentation.</li> <li>2. Copy of the originally submitted and adjudicated claim</li> <li>3. TNFL EOP</li> </ol> <p>The above documentation must be received within thirty-five (35) days of your receipt of the EOP from TNFL or in accordance to applicable network health plan guidelines; otherwise, dispute rights and compensation are waived. A separate claim review must be submitted for each patient and claim.</p>
<b>EXCLUDED SERVICES</b>	<ul style="list-style-type: none"> <li>• Any Medicaid member 21 years old and over</li> <li>• Personal care assistance, companion, chaperone, or shadow</li> <li>• Caregiver or for childcare</li> <li>• Services in PPEC</li> <li>• Travel time</li> <li>• Services by more than one BA provider unless indicated in the approved behavior plan, prior authorized and determined to be medically necessary</li> <li>• Any services not included on the Florida Behavior Analysis Fee Schedule</li> </ul>

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This list is not inclusive. Please refer to the Florida Medicaid Behavior Analysis Services Coverage Policy Section 5.0 Exclusions for the list

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### CLAIMS STATUS INQUIRIES

All claims status inquiries must be made via the TNFL Provider Web Portal. If you do not have a web portal account with TNFL, you can request an account at <https://asp.healthsystemone.com/pwprequestform/?id=mytnfl>. If you do not have access to the internet, you may also make any claims status inquiries telephonically at (877) 372-1273.

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### REQUIRED ANNUAL TRAININGS

All providers with TNFL, are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at <https://trainings.healthnetworkone.com/tnbaf>

**NOTE:** For providers who function under more than one Tax ID; please be sure to complete an attestation for each Tax ID that is contracted with TNFL.

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### COORDINATION OF CARE 2/1/2025 TO 5/1/2025

The COC period extends up to 90 days from the time the member enrolls in CCP.

- If there is a current prior authorization on file and active as of 2/1, a new authorization is not needed during the COC period.
- If that prior authorization is due to expire before 5/1/2025, TNFL will extend that authorization until 5/1/2025.
- Providers only need to submit the claims, related to those prior authorizations on file, for payments during the COC period.

After 5/1/2025, a new authorization with TNFL is needed to continue servicing the CCP member.

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